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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	O'NEILL - CHRISTE ENTER PRISE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
	(PROPOSED CORPÕRA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	O'NEILL- A Name	CHRISTE ENTE (Printed or typed) WHEAD DR. Address	FRPAISE, Inc.
	SACKS. City,	ON VILLE FL. State & Zip	32257
	904- 6 Daytime T	51-b354 elephone number	
	Kenny O' Ness E-mail address: (to be used	1/1966 Q 5-H	a: L. Com

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

					Em:
TCLE II PRINC	TIPAL OFFICE Principal <u>street</u> address HANOW HEAY DR.		Mailing address, if different is:		
JACKTON	VILLE, FC 32257				
ICLE III PURPO purpose for which the	OSE he corporation is organized is:				
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				<u> </u>	PΗ
				Ostil.	; ⇔
	stock is: 1,000 4H5. LOFFICERS AND/OR DIRECTORS				
ICLE V INITIA	LOFFICERS AND/OR DIRECTORS	⊁ Name and Title	:		
ICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS	Name and Title Address:	:		
Name and Title Address	LOFFICERS AND/OR DIRECTORS : Kenneth O'NETCL -Nivector 10112 ARRAW HEAD DRI	►Name and Title Address:			
Name and Title Address	LOFFICERS AND/OR DIRECTORS Kenneth O'NETCL -Nivector 10312 ARRAW HEAD DR. TACAGONVILLE F132257	Name and Title Address: Name and Title Address:	:		
Name and Title Address Name and Title	LOFFICERS AND/OR DIRECTORS : Kenneth O'NETCL -Nivecto 10312 ARROW HEAD DRI TACKGOUN; ILE F-132257	Name and Title Address: Name and Title Address:	;		
Name and Title Address Name and Title: Address	LOFFICERS AND/OR DIRECTORS : Kenneth O'NETCL -Nivector 10312 ARROW HEAD DRI TACAGOUNILLE F132257	Name and Title Address: Name and Title Address:			
Name and Title Address Name and Title: Address	LOFFICERS AND/OR DIRECTORS : Kenneth O'NETCL -Nivecto 10312 ARROW HEAD DRI TACKGOUN; ILE F-132257	Name and Title Address: Name and Title Address:			

Name and Title:	Name and	f Title:
	Address:	
		
ARTICLE VI REGISTERED AG		
KERNE	s (P.O. Box NOT acceptable) of the register TH O'DEILL	red agent is:
_	MOW HEAD DR.	
	VILLE, PY 32257	18 OC
ARTICLE VII INCORPORATOR		00717
The <u>name and address</u> of the Incorpo	orator is:	
Name: Kenrett	O'NEILL	PH 2: 1
Address: 10312	ARROW HEAD OR.	., ω
JACK50.	NUILLE, F132257	
ARTICLE VIII EFFECTIVE DATE Effective date, if other than the date of (If an effective date is listed, the da filing.)	TE: of filing: te must be specific and cannot be more t	(OPTIONAL) than five days prior or 90 days after the
Note: If the date inserted in this bloc the document's effective date on the l	k does not meet the applicable statutory fil Department of State's records.	ling requirements, this date will not be listed as
this certificate, I am familiar with and	d accept the appointment as registered age	ove stated corporation at the place designated in nt and agree to act in this capacity
Chemith (Signature/Registered Agent	Oct. 3, 2018
Required	signature/Registered Agent	Date
I submit this document and affirm to document to the Department of State	hat the facts stated herein are true. I am constitutes a third degree felony as provide	aware that the false information submitted in a ed for in s.817.155, F.S.
Required Signature/Incorp	22m	Oct. 3, 2018
Required Signature/Incorp	oorator	Date